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APPLICANTS
 Brian Keyse, Farmington Hills, MI;
 Steve Cicala, Dearborn Heights, MI;
 Ihab Soliman, Dearborn, MI;
 Charles Suter, South Lyon, MI;
 Kurt Nickerson, Farmington, MI;
 Bradley Riedle, Northville, MI;

**** CONTINUING DATA ******* *None CUB*

**** FOREIGN APPLICATIONS ******* *None CUB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 24
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Christina M. Behadke</i> Examiner's Signature	<i>CUB</i> Initials			

ADDRESS
28395

TITLE
Adaptive pressure control method for synchronous downshifts in a multiple-ratio transmission

FILING FEE RECEIVED 3170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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